



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER BUREAU  
www.michigan.gov/deq

DEQ only-do not write in this space

**NOTICE OF INTENT**  
FOR COVERAGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY  
By Authority of Act 451, PA 1994, Part 31

Submission of this Notice of Intent (NOI) constitutes notice that the party identified as Owner/Permittee requests authorization to discharge under the NPDES General Permit issued for storm water discharges associated with industrial or other activity in Michigan. The Michigan Department of Environmental Quality may deny coverage under the general permit and require submittal of an application form for an individual permit. Becoming a permittee obligates a discharger to comply with the terms and conditions of the General Permit, including **annual payment of a \$260.00 fee billed each January**. Failure to comply with these provisions may result in fines of up to \$25,000 per day and the possibility of imprisonment, in accordance with Act 451, PA 1994, Part 31.

FACILITY INFORMATION (where discharge occurs)			OWNER/PERMITEE INFORMATION		
SITE/FACILITY NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
RECEIVING WATERS			CONTACT PERSON		
LATITUDE	LONGITUDE		CONTACT PERSON'S TELEPHONE (INCLUDING AREA CODE)		
1/4 of 1/4 of Section , Town , Range Township , County			<b>MAILING INFORMATION (for billing)</b>		
Is the facility discharge: (must complete) New <input type="checkbox"/> or Existing <input type="checkbox"/>  Facility started operations:  If existing with NPDES coverage: NPDES number(s):			NAME		
			ADDRESS		
			CITY	STATE	ZIP CODE
			TELEPHONE NUMBER (INCLUDING AREA CODE)		

**PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE**

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TO DETERMINE THE PRIMARY INDUSTRIAL ACTIVITY, USE THE VALUE OF NET REVENUES. IF SUCH INFORMATION IS NOT AVAILABLE FOR A PARTICULAR FACILITY, THE NUMBER OF EMPLOYEES OR PRODUCTION RATE FOR EACH PROCESS MAY BE COMPARED. THE OPERATION THAT GENERATES THE MOST NET REVENUE OR EMPLOYS THE MOST PERSONNEL IS THE OPERATION IN WHICH THE FACILITY IS PRIMARILY ENGAGED.

**FACILITY IS ENGAGED IN:** CHECK THOSE THAT APPLY (if none apply, skip this block)

- |  |   |
|--|---|
| <input type="checkbox"/> HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL | <input type="checkbox"/> LANDFILL                                       |
| <input type="checkbox"/> LAND APPLICATION SITE OR OPEN DUMP              | <input type="checkbox"/> STEAM ELECTRIC POWER GENERATING FACILITY       |
| <input type="checkbox"/> SEWAGE TREATMENT WORKS                          | COAL HANDLING? <input type="checkbox"/> YES <input type="checkbox"/> NO |

CERTIFIED STORM WATER OPERATOR NAME (INDUSTRIAL ONLY):	CERTIFICATION NUMBER:
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Any person requesting authorization to discharge from an area described below may be subject to the terms of the NPDES General Permit for storm water discharges with **required monitoring**, and should examine the requirements of that permit prior to submitting this NOI. (if none apply skip the block)

- ☐ **SECONDARY CONTAINMENT**  
I (we) request to discharge storm water to a surface water of the state from a secondary containment structure installed at the facility as required by required by state or federal law.  
**\*Request not necessary if discharging storm water to a sanitary or combined sewer system.**
- ☐ **ENVIRONMENTAL CONTAMINATION SITE**  
I (we) request to discharge storm water from an area identified on Michigan's list of Sites of Environmental Contamination pursuant to the Natural Resources and Environmental Protection Act, PA 451 of 1994, Part 201 (formerly 307).  
**\*Request only necessary if storm water comes into contact with contaminated materials.**
- ☐ **OTHER SIGNIFICANT CONTRIBUTOR**  
The Department of Environmental Quality has determined that the storm water discharges from this facility are a significant contributor of pollutants to waters of the state.

## CERTIFICATION

**State of Michigan regulations require this form be signed as follows:**

**Corporation:** By the principal executive officer or vice president or higher, or his/her designated representative if the representative is responsible for the overall operation of the facility from which the discharge described originates.

**Partnership:** By a general partner

**Sole Proprietorship:** By the proprietor

**Municipal, State, or Other Public Facility:** By a principal executive officer, the mayor, village president, city or village manager, or other duly authorized employee

**\*\*Note: If the signatory is not listed above, but is authorized to sign the Application please provide documentation of that authorization.**

I certify that my facility has developed a **Storm Water Pollution Prevention Plan (SWPPP)** according to the requirements of the Storm Water General Permit.

I certify that my facility has **no unauthorized discharges**.

I certify that my facility has implemented the **non-structural controls** as described in the **SWPPP**. New facilities shall fulfill requirement when industrial activity begins.

I certify my facility has completed construction and will put into operation all **structural controls** as described in the **SWPPP**. If necessary, new facilities shall fulfill requirement when industrial activity begins.

I certify, under penalty of law, that this document and all attachments were prepared by me, or under my direction or supervision in accordance with a system to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**I understand that my signature constitutes a legal agreement to comply with the requirements of the appropriate NPDES General Storm Water Permit. I certify under penalty of law that I possess full authority on behalf of the legal owner/permittee to sign and submit this Notice of Intent.**

Printed name	Title
Signature	Date

IF YOU HAVE ANY QUESTIONS ABOUT THE PREPARATION OF THIS FORM, PLEASE CALL 517-335-4137.

RETURN THIS COMPLETED FORM (original signatures only), AND ANY ATTACHMENTS TO:

KELLY PLOEHN  
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER BUREAU  
2<sup>nd</sup> FLOOR NORTH  
525 WEST ALLEGAN STREET  
P.O. BOX 30273  
LANSING MI 48909